

TRAVEL VOUCHER

NAME OF PAYEE

STATION

Washington, D. C.

ADDRESS

I hereby claim reimbursement for per diem in lieu of subsistence, travel and/or other expenses incurred by me in the discharge of official duties for the period from 6 May 1953, to 8 May 1953, inclusive, as per itemized statement hereon. The justification and authority for this claim is as follows:

Travel Order No. LO-340/53

AMOUNT CLAIMED

(See reverse side for complete itinerary and detailed itemization of expenses)

Per diem	<u>2-3/4 days</u>	@	<u>\$9.00</u>	\$	<u>24.75</u>
Travel and incidental expenses					<u>64.90</u>
Other					<u>1.15</u>
TOTAL					<u>90.80</u>

Advance received \$125.00

I CERTIFY that the expenses itemized on this voucher were necessarily incurred by me in connection with official business of a confidential nature, and that I have not been, nor will I be, reimbursed therefor from any other sources, Government or private; and that this voucher and attachments, if any, are true and correct in all respects.

18 May 1953

(Date)

STATINTL

APPROVED:

MAY 18 1953

(Date)

Acting Chief of Logistics

(Title)

CERTIFICATION:

I CERTIFY that this voucher has been examined by me; that receipts or other substantiating data have been furnished me, or satisfactory explanation made for the failure to furnish same; that it appears from such data that the itemized expenditures were for necessary official purposes, reimbursement for which is allowable under existing regulations; and that such expenditures are properly chargeable to available appropriations as indicated below.

(Date)

(Appropriation—Allotment)

(Authorized Certifying Officer)

STATINTL

Approved For Release 2001/08/02 : CIA-RDP78-03985A001100070003-6

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STATINTL

TRAVEL ORDER		OFFICE TRAVEL ORDER NO. 10-340/53
		ALLOTMENT ACCOUNT SYMBOL 6801-10
NAME [REDACTED]	NE [REDACTED]	GRADE AND SALARY GS-14 \$9600.00
TITLE Supply Officer	OFFICIAL STATION Washington, D. C.	
You are hereby authorized to travel and incur necessary expenses in accordance with Agency Regulations.		
ITINERARY [REDACTED]		
PURPOSE Conferences and inspections		
SPECIAL PROVISIONS (INCLUDE APPROPRIATE JUSTIFICATION)		
COORDINATION, AS REQUIRED (TO BE EFFECTED BY ORIGINATING OFFICE) <input type="checkbox"/> DD/P <input type="checkbox"/> OTHER OPERATIONAL AREAS <input type="checkbox"/> THEATER CLEARANCE (IF OBTAINABLE)		
Maximum per diem allowance is authorized in accordance with Agency Regulations. Advance of funds is authorized.		ESTIMATED COST OF TRAVEL \$125.00
TRAVEL TO BEGIN ON OR ABOUT 6 May 1953	TERMINATING APPROXIMATELY 8 May 1953	CERTIFICATION (BY PROCESSING BRANCH) Certified a True Copy. Signed copy on file in Central Processing Branch. Reviewed. No change necessary. Amended as indicated. _____ SIGNATURE
MODE OF TRAVEL (SPECIFY) Commercial plane		
ALLOWANCE FOR PRIVATELY OWNED AUTOMOBILE AS FOLLOWS IF APPLICABLE <input type="checkbox"/> (A) SEVEN CENTS PER MILE, NOT TO EXCEED COST BY COMMON CARRIER. <input type="checkbox"/> (B) SEVEN CENTS PER MILE, AS BEING MORE ADVANTAGEOUS TO THE GOVERNMENT.		
<input type="checkbox"/> THE CHANGE OF OFFICIAL STATION INDICATED IS EFFECTED IN THE INTEREST OF THE GOVERNMENT AND NOT FOR YOUR PERSONAL CONVENIENCE. <input type="checkbox"/> IN CONNECTION WITH CHANGE OF STATION, YOU ARE AUTHORIZED TO TRANSPORT YOUR IMMEDIATE FAMILY, YOUR HOUSEHOLD GOODS, PERSONAL EFFECTS, SUBJECT TO WEIGHT LIMITS, RESTRICTIONS AND PROVISIONS AS SET FORTH IN AGENCY REGULATIONS. <input type="checkbox"/> TRAVEL TO FIRST POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> RETURN FROM POST OF DUTY ABROAD, INCLUDING EXPENSES OF TRANSPORTATION OF IMMEDIATE FAMILY, HOUSEHOLD GOODS, PERSONAL EFFECTS AND AUTOMOBILE, IS AUTHORIZED. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITH EMPLOYEE. <input type="checkbox"/> DEPENDENTS TO TRAVEL WITHIN ONE YEAR OF EMPLOYEE. <input checked="" type="checkbox"/> TEMPORARY DUTY.		
NAME AND TITLE OF AUTHORIZING OFFICIAL (TYPE) Acting Chief of Logistics		_____ 4 May 1953 (DATE) SIGNATURE OF AUTHORIZING OFFICIAL

STATINTL

1. IT IS REQUESTED THAT CONFIDENTIAL FUNDS BE ADVANCED TO:

IN THE AMOUNT OF One Hundred Twenty-five and no/100

2. THESE FUNDS ARE REQUIRED FOR OFFICIAL BUSINESS OF A CONFIDENTIAL NATURE AND THEIR USE WILL BE CONFINED TO THE FOLLOWING GENERAL PURPOSE:

3. THIS ADVANCE IS WITHIN THE SCOPE OF, AND PROPERLY CHARGEABLE TO Allotment Account No. 6801-10

APPROVED PROJECT, ALLOTMENT, ETC

4. THIS ADVANCE WILL BE ACCOUNTED FOR FULLY, IN ACCORDANCE WITH CONFIDENTIAL FUNDS REGULATIONS, AND ALL UNEXPENDED FUNDS RETURNED, IN THE FOLLOWING MANNER: (COMPLETE AND/OR INITIAL APPLICABLE STATEMENT BELOW)

(A) WITHIN 30 DAYS, ACCOUNTING AND/OR REFUND WILL BE MADE TO CHIEF, CONFIDENTIAL FUNDS.

(B) WITHIN ____ DAYS AFTER ARRIVAL AT DESTINATION ACCOUNTING AND/OR REFUND WILL BE MADE TO CONFIDENTIAL FUNDS
REPRESENTATIVE AT

(C) A FULL ACCOUNTING WILL BE RENDERED AT THE END OF EACH MONTH UNTIL ALL FUNDS ARE ACCOUNTED FOR, SUCH ACCOUNTING WILL BE MADE TO THE CHIEF, CONFIDENTIAL FUNDS, OR TO HIS DESIGNATED REPRESENTATIVE.

5. APPROVED:

MAY 4 1953

DATE _____

Acting Chief of Logistics

TITLE

SIGNED

6. I CERTIFY that this request for advance is in accordance with existing regulations, has been approved by proper authority; and that funds are available in the appropriation and allotment indicated.

DATE _____

APPROPRIATION

ALLOTMENT

CERTIFYING OFFICER

7. RECEIVED FROM _____

IN THE FORM OF

FOR THE PURPOSE STATED, AND WILL BE ACCOUNTED FOR FULLY BY ME IN ACCORDANCE WITH PARAGRAPH 4 ABOVE.

~~Approved For Release 2001/08/02 : CIA-RDP78-03985A001100070003-6~~

SIGNATURE